

MONTANA BOARD OF MEDICAL EXAMINERS
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301 South Park Avenue 4th Floor
Helena, Montana 59620-0513
Phone (406) 841-2359 FAX (406) 841-2305
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Lead Instructor Training Program

Application to attend:

- ☐ Missoula, Montana (October 28-29-30, 2005) ☐ Great Falls, Montana (November 4-5-6, 2005)
☐ Billings, Montana (January 20-21-22, 2006) ☐ Miles City, Montana (February 17-18-19, 2006)

PLEASE PRINT OR TYPE

1. FULL NAME: _____
Last First Middle

2. OTHER NAME (S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE (_____) _____ (_____) _____ (_____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE

9. LEVEL OF LICENSE ☐ EMT-FR ☐ EMT-B ☐ EMT-I(99)
☐ EMT-P ☐ PHYSICIAN ☐ PHYSICIAN-ASSISTANT

10. LICENSE NUMBER _____ EXPIRATION DATE: _____

11. ARE YOU ATTACHING DOCUMENTATION OF PREVIOUS **INSTRUCTOR TRAINING**? ☐ YES ☐ NO
Instructor Training Documentation Accepted: Formal instructor training that included, adult learning principles, curricula development, presentation styles and other basic instructional principles (*this does not include former EMSTC training or program specific material like, CPR, GEMS, PHTLS instructor training*).